



Attorney's Docket No.: 13235-014001  
Client's Ref. No.: 42-41 US-CIP

## COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled METHOD OF TREATING ALLERGEN INDUCED AIRWAY DISEASE, the specification of which:

- ☐ is attached hereto.  
☒ was filed on October 21, 2003 as Application Serial No. 10/690,043 and was amended on \_\_\_\_\_  
☐ was described and claimed in PCT International Application No. \_\_\_\_\_ filed on \_\_\_\_\_ and as amended under PCT Article 19 on \_\_\_\_\_

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

John W. Freeman, Reg. No. 29,066  
Leda Trivinos, Reg. No. 50,635

Timothy French, Reg. No. 30,175  
John Hayden, Reg. No. 37,640

Address all telephone calls to JOHN W. FREEMAN, ESQ. at telephone number (617) 542-5070.

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

☒ For Assigned Inventions: I understand that the purpose of making this appointment is to permit prosecution of patent applications for the above-identified invention for the benefit of my assignee, and that this appointment does not create an attorney-client relationship between me and these appointees.

Full Name of Inventor: MATTHIAS MACK

Inventor's Signature: Matthias Mack  
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Date: Datum 15.2.04

**Combined Declaration and Power of Attorney**  
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Full Name of Inventor: CORY M. HOGABOAM

Inventor's Signature: \_\_\_\_\_

*Cory M Hogaboam*

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